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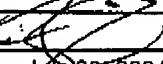
JUL 20 2004

PTO/SB/21 (08-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/789,564
		Filing Date 2/27/04
		First Named Inventor Keith K. Aldous
		Art Unit Unassigned
		Examiner Name Unassigned
Total Number of Pages in This Submission	8	Attorney Docket Number JJk-0405

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks Declaration		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Jeremy J. Kliebert, Reg. No. 48,227	
Signature		
Date	July 20, 2004	

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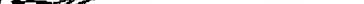
FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Unassigned
TOTAL AMOUNT OF PAYMENT	Art Unit	Unassigned
(\$) 130.00	Attorney Docket No.	JJK-0405

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None					
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Deposit Account Number 05-1330 ExxonMobil Research and Engineering Company									
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description			Fee Paid
	1001	770		2001	385	Utility filing fee			
	1002	340		2002	170	Design filing fee			
	1003	530		2003	265	Plant filing fee			
	1004	770		2004	365	Reissue filing fee			
	1005	160		2005	80	Provisional filing fee			
SUBTOTAL (1) (\$)									
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
Total Claims		-20** =	Extra Claims	x	Fee from below	18.00	=	Fee Paid	
Independent Claims		- 3** =		x	86.00	=			
Multiple Dependent									
Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description			
	1202	18		2202	9	Claims in excess of 20			
	1201	86		2201	43	Independent claims in excess of 3			
	1203	290		2203	145	Multiple dependent claim, if not paid			
	1204	86		2204	43	** Reissue independent claims over original patent			
	1205	18		2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)									
Other fee (specify) _____									
*Reduced by Basic Filing Fee Paid									
					SUBTOTAL (3) (\$)				
					130.00				

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SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Jeremy J. Kliebert	Registration No. (Attomey/Agent)	48,227	Telephone (225) 977-1592
Signature			Date	07/20/2007

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